

<b>Case Number:</b>	CM13-0065273		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The case involves a patient with date of injury on 12/8/12. The mechanism of injury is described as a slip and fall while on the second step of stairs, leading to a fall onto the right shoulder, arm and right hip and leg. The patient has a diagnosis of right shoulder adhesive capsulitis, status post fracture of the right humerus. There is an operative report dated on 7/26/13, reporting treatment of the right shoulder. The patient reportedly had manipulation of the right shoulder under anesthesia, for shoulder mobilization and lysis of adhesions. The patient also received an injection of Dexamethasone and Marcaine into the shoulder. There is reported an increased range of motion of the shoulder after the procedure on notes dated 7/13/13. Multiple reports from the primary treating doctor (orthopedics) were reviewed. The last report was available until 11/21/13. During visit on 11/21/13, the patient reported right shoulder pain that is worsening despite physical therapy. The pain reported was at 4-6/10. An objective exam reveals a positive Apley's scratch test, a positive Dugas test, generalized decreased range of motion, or shoulder compared to the prior visits. The patient is undergoing shoulder physical therapy. There is a reported prior attempt at chiropractic care that did not improve the pain. An injection to right shoulder was also reportedly attempted. The medications include: ibuprofen, voltaren gel, and omeprazole. There are reports X-rays done, but the results were not provided. An MRI of right shoulder on 1/4/13, reveals extensive bone marrow edema/contusion of the right humeral head and proximal humeral neck. A microtrabecular fracture could not be excluded. The MRI also revealed partial thickness tears of the distal right supraspinatus and subscapularis tendons with moderate tendinosis or other tendons; a small SLAP lesion; and small effusion and mild degenerative changes. The utilization review indicates that multiple supplies were provided to the patient after manipulation of the right shoulder under anesthesia. The review included requests for (Retrospective) Optimum rehab kit, purchase Prosling with abduction pillow;

(Retrospective) Q Tech Recovery System with wrap, DVT prevention and compression;  
(Retrospective) Q Tech Cold Therapy Heat Water Circulating Cold 21-day use rental, universal therapy wrap; (Retrospective) programmable pain pump purchase for 3 day use; and  
(Retrospective) Shoulder CPM with pads, 30day rental. The prior utilization review on 12/2/13 recommended non- certification.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **RETROSPECTIVE REQUEST FOR AN OPTIMUM REHAB KIT, AND PURCHASE OF PROSLING II WITH ABDUCTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,47. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER (ACUTE AND CHRONIC), POST- OPERATIVE ABDUCTION SLING.

**Decision rationale:** The Official Disability Guidelines indicate that abduction pillow slings may be used post- operatively after the open repair of large rotator cuff tears. It is not recommended for arthroscopic procedures. The patient did not get a repair or any open surgical procedure. The patient had manipulation of the shoulder for lysis of adhesions and mobilization of the shoulder with adhesive capsulitis. The patient does not meet criteria for an abduction pillow sling and it is therefore not medically necessary.

#### **RETROSPECTIVE REQUEST FOR Q TECH RECOVERY SYSTEM WITH WRAP, DVT PREVENTION AND COMPRESSION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, VENOUS THROMBOSIS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER (ACUTE OR CHRONIC), VENOUS THROMBOSIS

**Decision rationale:** The Official Disability Guidelines indicate that the risk of venous thrombosis in the upper extremity is much lower than the lower extremity. The Guidelines recommend observation and prophylaxis only if patient is high risk. The patient does not meet any criteria for high risk for upper extremity venous thrombosis. The patient did not get any open surgery or even arthroscopic surgery, but manipulation and injection of the shoulder. The patient also had a relatively brief post-operative immobilization period. The patient's procedure warranted early mobilization and observation for deep vein thrombosis (DVT) prophylaxis. The request for DVT prevention and compression wrap for the shoulder is not medically necessary.

**RETROSPECTIVE REQUEST FOR CUTEC COLD THERAPY HEAT WATER CIRCULATING COLD 21-DAY USE RENTAL, UNIVERSAL THERAPY WRAP ON 11/19/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER (ACUTE OF CHRONIC), CONTINUOUS- FLOW CRYOTHERAPY

**Decision rationale:** The Official Disability Guidelines indicate that continuous flow therapy may be considered in post-operative situations of shoulder as evidence shows decreased pain and inflammation. However, the Guidelines only recommends up to seven (7) days of use, and the request is for up to twenty-one (21) days. While the use of continuous-flow cryotherapy is appropriate, the number of days requested exceeds guideline recommendations, therefore the request not medically necessary.

**RETROSPECTIVE REQUEST FOR PROGRAMMABLE PAIN PUMP PURCHASE FOR THREE (3) DAYS USE ON 11/19/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER (ACUTE OR CHRONIC), POSTOPERATIVE PAIN PUMP

**Decision rationale:** The Official Disability Guidelines indicate that postoperative pain pumps are not recommended. Three (3) recent studies do not recommend pain pumps. There is no evidence that infusion improves pain, or that they are any more effective than conventional oral pain medications. The postoperative pain pump is not medically necessary. The request does not meet guideline recommendations.